

RISK ASSESSMENT FORM CARLTON TOWN FC

A.

Ref No:	009
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Company:	Greenwood Cooling Services Ltd
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Assessment type	
Initial	x
Review	

Assessment date	Assessment carried out by
20/08/2020	M GREENWOOD

Location within workplace
STOKE LANE GEDLING

B.

Description of activity being assessed	Persons specifically at risk
Crowd control Stage 2	Players, Coaches, officials, crowd

Severity	5	Probability	2	Rating	S x P =		Risk rating	10	M
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No.	Significant hazard	Control measures needed	Control measure in place	
			No	Yes
1.	COVID 19	Excessive capacity fixtures should have ticket only access encouraged		x
2.		Sanitisation posts on all entry and exit routes		x
3.		Single way walk ways marked and enforced		x
4.		Stands should be discouraged, although restricted for social distancing to 2 seat gap between each vacant seat and every other row		x
5.		Social distance markers around perimeter allowing for 6 people only to be together and 2m space before next group		x
6.		Maximum of 400 supporters total within ground to include car park and social areas		

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7		Track & trace paperwork completed on arrival by all saved or 21 days		x
8		Clearly defined walk ways to be in place to include snack bar entry and access		x
9		Club officials should be discouraged from socialising in confined spaces	x	
10		Car park distance parking and signage to entrance 2m apart, no group larger than 6 people outside	x	
11		Leave via designated & marked exit route to carpark main gate should be kept closed but not locked		x

Low risk rating will only be achieved if all the above control measures are implemented.

C.

Current risk rating		
Low	Medium	High

Low is the preferred acceptable risk rating.

	Yes	No
1. Adequate control measures are in place and low risk rating achieved?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Additional control measures are required from section B to reduce the risk rating to low?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are other risk assessments required for this work activity? (<i>tick below</i>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>


P.P.E	x	D.S.E		Pregnant Worker		Other	
Manual Handling		C.O.S.H.H	x	Young Worker			

D.

Review frequency		
Low: annually	Medium: 3 - 6 months	High: 1 - 3 months

Review Date	Date reviewed	Reviewed by	Signature
To Be advised			

E.

Assessed by	Signature	Date	Endorsed by	Signature	Date
M Greenwood		20/8/2020			

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